

2003

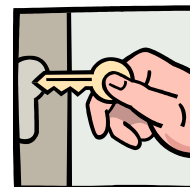
JCAHO

News, tips, info, details, and ideas brought to you by the
Clinical Center JCAHO Work Group

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From the Pharmacy-----

What security is required for medications? Medication security is an important way to minimize risks to patients, visitors, and staff at the Clinical Center. Medication control is one of the most frequent JCAHO Type 1 citations around the country. The Joint Commission standards require that medications be either controlled (under constant observation) or secured (locked). Most patient care areas have designated medication or clean supply areas where medications are kept. These areas are designed to meet the intent of the standards.



Medications, IV's needles and flush solutions which are stored in unauthorized areas (outside of the medication rooms), are the biggest hazards because they are usually not secure, and are not routinely checked for outdates or defects. Return medications to the designated storage area if not used.

Why are we worried about security of syringes and needles? There is risk to patients from accidental or intentional inappropriate use of needles. They also can be used in drug diversion and abuse by patients, visitors, or staff.

How are investigational drugs controlled? Only authorized investigators for a specific protocol will have access to the MIS screens required to order investigational drugs under the protocol. All investigational drugs are dispensed by the Clinical Center Pharmacy for patients who have been enrolled in a protocol. Fact sheets for investigational drugs are prepared by the Pharmacy and should be available where patients receive the drugs. If you would like assistance finding this information please ask the pharmacist on your patient care team, or call the Pharmaceutical Development Service at 301-496-1031.

What happens when a drug is recalled by the manufacturer? Recall notices are received in the pharmacy and immediately assessed to determine if the drug is likely to be found in the Clinical Center, or dispensed to outpatients at home. The Pharmacy removes and sequesters any recalled product stored in the hospital or clinics. Patient Care Area managers and Department Heads are notified via e-mail to review their stock and return any affected product, or to respond that no product was found in their area. Pharmacy contacts outpatients who may have received the recalled product by telephone or mail, depending on the potential risks of injury from using the drug.

What are the requirements for patients to use their own medications (not alternative medications or dietary supplements) while in the Clinical Center?

- Prescriber must enter order for patient to use own meds
- Pharmacy must be able to identify the medication before they are used

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- See Medical Staff policies M94-15 (Use of Patient's Own Meds) and M95-4 (Self-administration of Medications)

What drugs are on floor stock? The Pharmacy and Therapeutics Committee has approved a list of drugs which can floor stocked on inpatient care units. Floor stock drugs are limited to those use for emergency treatment, where dispensing through normal channels may result in harm or discomfort to patients. Convenience items, such as laxatives, are not eligible for floor stock, and are obtained on a per patient basis via the usual dispensing process. Medications needed for resuscitation (code blue) are not included on the floor stock list.

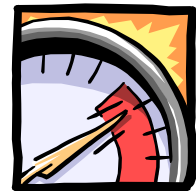


Who is responsible for medication refrigerator checks? Each medication refrigerator is equipped with an external thermometer that alarms when the temperature is out of the desired range (2-8 degrees C.) Pharmacy checks refrigerators and temperature monitors during its monthly unit inspections to be sure they are working properly, alarms are on, and temperatures are within range. The records of these checks are kept in the pharmacy office.

You should note the refrigerator temperature when you remove medications just as you check your gas gauge before driving your car.

Other important points to note:

- Written temperature logs are no longer maintained
- Follow the procedure for handling alarms signaling temperature out of range (posted on the front of each refrigerator).
- File an occurrence if you silence an alarm. This automatically requests service from BioMedical (BEIP) during regular business hours. Outside of business hours, drugs can be temporarily stored in another drug refrigerator or the Pharmacy
- The “mode” button on the digital thermometer changes the temperature display and should not be activated.
- Temperature settings must not be changed



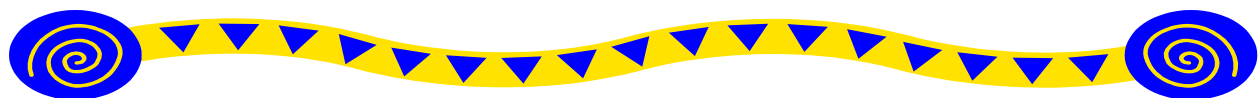
What are high-alert drugs and how do we minimize risks in the Clinical Center?

High-alert drugs are those associated with serious patient outcome if misused. Examples include IV morphine, midazolam, and fentanyl; cytotoxic drugs; and IV potassium, magnesium, and calcium. Some risk reduction strategies used in the Clinical Center are use of auxiliary warning labels; special MIS pathways (conscious sedation); restricting access (removing KCI vials from floor stock); standardized concentrations (PCA morphine 1 mg/ml, 5 mg/ml) , and independent double checks (chemotherapy).

Other things to look for and avoid:

Unlabeled syringes: for the limited occasions where an injectable medication must be drawn up ahead of time, a variety of stock labels are available for labeling. Contact the Pharmacy Procurement Section at 496-9358.

Expired medications: When medications are “stashed” for convenience in other than designated areas, routine unit inspection by Pharmacy will not search for out-of-date items or unsafe storage. ***But your JCAHO surveyor will!*** Ensure that your medications are secure and appropriate for use by using only designated storage areas.



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